



VERMONT DEPARTMENT OF PUBLIC SAFETY
DIVISION OF FIRE SAFETY

Office of the State Fire Marshal, State Fire Academy and State Haz-Mat Team

www.vtfiresafety.org



LICENSE REPLACEMENT REQUEST FORM

For: Plumbing Licenses, Elevator Licenses, Boiler Commissions, and Certificates of Fitness

If you would like a replacement copy of your License, Certification, or Commission, please fill in the following information:

Applicant Information

Last name:	First:	Middle:	Birth date:	Age:	Sex:
					<input type="checkbox"/> M <input type="checkbox"/> F
Street address:		Social Security no.:		Home phone no.:	
				()	
P.O. box:	City:		State:	ZIP Code:	

Signature:_____ Date:_____

Is the above address a new mailing address for the licensee? ☐ YES ☐ NO

If you check YES, your address will be updated in our licensing system.

Please return this form to:

Division of Fire Safety

Attn: Nikki York

1311 US RTE 302 – Suite 600

Barre, VT 05641

Please contact Nikki York; Licensing Specialist at the Division of Fire Safety
for questions concerning licensing.

P: (802) 479-7564 E-Mail: nyork@dps.state.vt.us